

# Beaverton Police Department Volunteer Application



Chief David G. Bishop

Name:		Birth Date:	
Address:			
City:		State:	Zip:
Employer:			
Employer Address:			
Employer City:		State:	Zip
Home phone: (      )		Work phone: (      )	
Cell phone: (      )		Email address:	
Driver's License #:		State:	
<i>In the event of an emergency please contact:</i>			
Name:		Phone number: (      )	
Address:		Relationship:	

<b>EDUCATION : <i>Please check the last level of education:</i></b>			
<input type="checkbox"/> High School	<input type="checkbox"/> College	<input type="checkbox"/> Masters	<input type="checkbox"/> Doctorate
Other languages spoken:		Fluent?:	<input type="checkbox"/> YES <input type="checkbox"/> NO

Why do you want to volunteer with the Beaverton Police Department?	
Time of day available: <input type="checkbox"/> Between 8am-5pm: <input type="checkbox"/> Weekends	
Other times available:	
Day(s) of week available between Monday and Friday:	
You could commit yourself to _____ hours per month for _____ months.	
What skills do you have which would be helpful to the Beaverton Police Department?	
What training would you like to receive from this volunteer service?	

*Please check the following activities in which you are interested:*

<input type="checkbox"/> Peer Court	<input type="checkbox"/> Neighborhood Resource Centers
<input type="checkbox"/> Graffiti Removal	<input type="checkbox"/> Neighborhood Watch
<input type="checkbox"/> HomeSafe	<input type="checkbox"/> Clerical assistance
<input type="checkbox"/> Home Security	<input type="checkbox"/> Computer assistance
<input type="checkbox"/> Traffic control	<input type="checkbox"/> Public speaking (crime prevention)
<input type="checkbox"/> Victim Callback	<input type="checkbox"/> Outreach interpreter
<input type="checkbox"/> Officer training scenarios	<input type="checkbox"/> Other:

Do you have any physical or medical conditions which would limit the type of activities in which you are able to participate? ☐ **No** ☐ **Yes** If yes, please explain:

Have you ever abused alcohol or drugs? ☐ **No** ☐ **Yes** If yes, please explain:

Have you ever been arrested and/or convicted of a crime? ☐ **No** ☐ **Yes** If yes, please explain:

I hereby release the City of Beaverton and the Beaverton Police Department from any liability for access to my criminal history and motor vehicle records, including, but not limited to arrests, warrants, convictions and disposition of charges. I understand that these matters are confidential, and I give my full release and agreement to the City of Beaverton to use Law Enforcement Data System (LEDS), National Crime Information Center (NCIC), Portland Police Data System (PPDS), and Department of Motor Vehicles (DMV) information to determine my eligibility for membership in the Beaverton Police Department civilian volunteer program. I understand failure to answer truthfully any question on this application will result in disqualification from the volunteer program.

Signature:

Date:

Return application to:

Beaverton Police Department

Volunteer Coordinator

P0 Box 4755

Beaverton, OR 97076-4755

Phone: (503) 526-2562 – Fax: (503) 526-2484